☐ No X	child because Yes	nsactions, or liabilities of a spouse or dependent c with the Committee on Standards of Official Cond	EXEMPTION— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
No X	trusts" need not Yes	s of Official Conduct and certain other "excepted t spouse, or dependent child?	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
TIONS	EACH OF THESE QUESTIONS	- ANSWER	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
d and the response.	nust be answered ed for each "Yes"	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
No X	arrangement with Yes	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
S	r before the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
No X	receive any the reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	li. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
 § ⊠	receive any regating more Yes	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes No No
		E QUESTIONS	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUEST
all be assessed ofiles more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	or Employing Office: ee Termination Date:	Status Member of the U.S. State: House of Representatives District: Hemployee Report Annual (May 15) Amendment
SOURCE CENTER AM II: 46 LE CLERK BIOMBYNIATEZES	2009 MAY - 5 AM II: 46 OFFICE CENTER U.S. HOUTOMES USSHORAPY LATIVES	Daytime Telephone: 202 236 58 11	ELTON GALLEGRY
HANDRELVERED	HANDD	Form A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2008 FINANCIAL DISCLOSURE STATEMENT

Name Page / of

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Type	Amount
	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
	Spouse SALARY	NA
for PMERIESS	Spruse SHARU	27
	20000	

Page of 5

Asset and/or Income Source

Block A. For additional information, see of its activities, and its geographic location instruction booklet. account and its value at the end of the reporting not self-directed, name the institution holding the reporting threshold. For retirement plans that are each asset in the account that exceeds provide the value and income information on not exercised, to select the specific investments), plans (such as 401(k) plans) that are self directed land, provide a complete address. Provide full which generated more than \$200 in "unearned" od, and (b) any other asset or sources of income exceeding \$1,000 at the end of the reporting periduction of income with a fair market value traded, state the name of the business, the nature period. For an active business that is not publicly names of stocks and mutual funds (do not use income during the year. For rental property or Identify (a) each asset held for investment or proticker symbols). For **all IRAs** and other retirement i.e., plans in which you have the power, even if ≓e >

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Government retirement programs there is rental income); any debt owed to you by Exclude: Your personal residence(s) (unless interest in or income derived from U.S. less in personal savings accounts; any financial parent, or sibling; any deposits totalling \$5,000 or your spouse, or by you or your spouse's child,

optional column on the far left. dependent child (DC) or is jointly held (JT), in the or income source is that of your spouse (SP) or If you so choose, you may indicate that an asset None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 - \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 - \$25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

(Specify: For Example, Partnership Income or Farm Income)

See below for

(S) (partial)

as follows: please indicate asset is sold, portion of an If only a

example

Other Type of Income

Over \$50,000,000

NONE

RENT

None

\$1 - \$200

\$201 - \$1,000

\$1,001 - \$2,500

\$2,501 - \$5,000

\$5,001 - \$15,000

\$15,001 - \$50,000

\$50,001 -- \$100,000

Over \$5,000,000

\$100,001 - \$1,000,000

\$1,000,001 - \$5,000,000

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DIVIDENDS

INTEREST

CAPITAL GAINS

×

×

Royalties

×

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(partial)

DC, Examples:

Simon & Schuster Mega Corp. Stock

Indefinite

1st Bank of Paducah, KY Accounts

5100 135 5/10

CHERRY

13476

DUART

ROLE 3060

ERRINGER

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DYNAMIC KEALTY

×

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INION BANK

13/401

MUTUAL LOGNERY SP

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Value of Asset BLOCK B

method other than fair market value, reporting year. If you use a valuation please specify the method used. Indicate value of asset at close of

If an asset was sold during the reporting generated income, the value should be year and is included only because it "None."

vested, should be listed as income.

ate any income during calendar year Check "None" if asset did not gener-Dividends and interest, even if rein-

BLOCK C

retirement plans or accounts that do Check all columns that apply. For not allow you to choose specific Type of Income

all other assets including all IRAs, investments, you may write "NA." For

indicate the type of income by checking the appropriate box below.

or generated vested, should be listed as income. Dividends and interest, even if reinments, you may write "NA" for income. Check "None" if no income was earned checking the appropriate box below. indicate the category of income by For all other assets, *including all IRAs*,

For retirement plans or accounts that do not allow you to choose specific investexchanges (E) \$1000 in exceeding sales (S), or purchases (P) asset had reporting year

Amount of Income BLOCK D Indicate if the Transaction BLOCK E

Ę,
additional assets
assets
and
unearned incom
Ē
usе
next
page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name £2700 GALLERLY

Page 3 of 5

None None	None None				888	SP, DC,	
None S1-\$1,000 D S1,001-\$15,000 D S15,001-\$100,000 D S100,001-\$250,000 D S250,001-\$100,000 D S250,001-\$1,000,000 D S250,001-\$1,000,000 D S100,001-\$25,000,000 D S1,000,001-\$25,000,000 D S25,000,001-\$25,000,000 D S25,000,000 D S25,000,000 D S25,000,000 D D S25,000,000 D D S25,000,000 D S25,000,000 D S25,000,000 D D S25,000,000 D D S25,000,000 D D S25,000,000 D D D S25,000,000 D D D S25,000,000 D D D D D D D D D	None	2000		PEDUEN - U.ELIS PHRED 19th - MERRILL LYNCH NOW B PLLIANCE (DERNSTEIN) GROWN (ALANGE GROWN FUND TOWN WINGSON IN TON	12 12		Asset and/or Income Source
S250,001 - \$500,000	S250,001 - \$500,000	DOOKE X	<×	(XXX	××	\$1 - \$1,000 © \$1,001 - \$15,000 ° \$15,001 - \$50,000 © \$50,001 - \$100,000 m	BLC Yea Value
NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None	NONE DIVIDENDS RENT INTEREST Of Income CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	15 NA AT (615				\$250,001 - \$500,000	ock B r-End of Asset
CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify) None - 10 11 12 13 14 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify)	778 7872 X	× ,	< ×	×	NONE DIVIDENDS RENT	<u> </u>
None	None	E CENTU	×¢			EXCEPTED/BLIND TRUST Other Type of Income	Type f Income
	\$1,000,001 - \$5,000,000 ×	S 50 X	< >	<	××	\$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 <	Amour

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SCHEDULE IV— TRANSACTIONS

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											77	SP	SP, DC, JT	that res transact or your residence sold, pl	amount	Report depende
											SIMI VALLEY CA 93065	Example: Mega Coporation Common Stock (partial sale)	T Asset	that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	amount of the transaction exceeded \$1,000. Include transactions	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property,
			}			4									ळ क	
	-	-		-	_	ļ	 	 						PURCHASE		Tra
											×	×		SALE		Type of Transaction
														EXCHANGE		tion
											80-08-4	10-12-08		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
Г														\$1,001- \$15,000	w	
												×		\$15,001- \$50,000	ი	1
	 													\$50,001- \$100,000	D	An
														\$100,001- \$250,000	m	Amount of
											×			\$250,001- \$500,000	TI	
			_											\$500,001- \$1,000,000	ត	Tran
										********				\$1,000,001- \$5,000,000	I	Transaction
							 							\$5,000,001- \$25,000,000	_	jon
							 	 						\$25,000,001- \$50,000,000	د	
				ì										Over \$50,000,000	7	

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SCHEDULE V- LIABILITIES

Name Exton GALLEGLY

Page 5 of 5

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit

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	37	JT		J 0,5	3	
	CHASE - FORMERY WASHINGTON MITTERA HELOC FOR PARCHÁSE P.O. BOX 78065, BHOEMIX, AZ 85062 1491 DUARTE CARLE S	CARUANA FAMILY TRUST PALLEY	Example: First Bank of Wilmington, Delaware	Creditor		
	1491 Duscre Chare Sim Par	MORTEREE SOME SOME PAR	Mortgage on 123 Main St., Dover, Del.	Type of Liability		
	10	70		\$10,001- \$15,000	Œ	
				\$15,001- \$50,000	င	
				\$50,001- \$100,000	O	
		\times	×	\$100,001- \$250,000	ш	Amo
	×			\$250,001- \$500,000	TI	unt of
				\$500,001- \$1,000,000	១	Amount of Liability
				\$1,000,001- \$5,000,000	I	lity
				\$5,000,001- \$25,000,000	_	
• F			1	\$25,000,001	ے	
			\dashv	\$50,000,000 Over		

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

 _				_
		NonE	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source
			Silver Platter (determination on personal friendship received from Committee on Standards)	Description
			\$345	Value